## PART B - FEE(S) TRANSMITTAL

PE (5) TRANSMITTAL								
Complete and send this form, together with applicable fee(s), to: Mail					Mail Stop ISSUE FEE			
/ w \					Commissioner for Patents P.O. Box 1450			
( OCT 07 1005 要) or <u>Fa</u>					Alexandria, Virg	inia 22313-1450		
\	07		or <u>l</u>		(571) 273-2885			
INSTRUCTIONS. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh appropriate. All brings correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless correspondence orders in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.								
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024241 7590 08/18/2005					papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission.  HAND CARRY			
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972 E ESSEX JUNCTION, VT 05452					(Depositor's na			
10/12/2005 MBEYENE2 00000178 090456 09683231					(Signat			
01 FC:1501 1400.								
02 FAPPERATION NO. 300.		FIRST NAMED II			<del></del>	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/683,231 12/04/2001				lain Benayoun FR920000052 8295				
TITLE OF INVENTION: SYSTEM FOR ROUTING DATA PACKETS THROUGH A CROSSBAR SWITCH IN EXPANSION MODE								
	•							
	•							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700	11/18/2005	
EXAMINER		ART UN	ART UNIT		LASS-SUBCLASS			
QURESHI,	•		370-401000					
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list								
CFR 1.363).  Change of correspondence address (or Change of Correspondence				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a 2 Michael J. LeStr						l J. LeStrange		
M*Tree Address" indication (or "Fee Address" Indication form registered attorney or agent) and the names of up to								
Number is required.  2 registered patent attorneys or agents. It no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
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International Business Machines Corporation, Armonk, NY 10504								
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Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	atent) :	Individual 🛱 Co	orporation or other private gr	oup entity Governm	
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